


EMPLOYEE BENEFITS ANNUAL CHANGE BOOKLET

Welcome to the Annual Change period for the 2003 Benefits Year. This is your only opportunity to elect or change certain benefit options for the upcoming year, so please take the time to review this information. The state's comprehensive package of benefits is an important part of employees' compensation, and we want to help employees make the most of their benefits. To further that goal, the Annual Change Booklet has been enhanced to assist you in understanding and accessing your benefits.

INSTRUCTIONS

1. Read this booklet. This pencil indicates  when you need to make a decision regarding a benefit option.
2. Attend a Benefits Presentation (schedule is listed on pages 2 and 3). Family members are welcome!
3. Decide what benefit options you will elect for the 2003 Benefit Plan Year. You may use the "Monthly Out-of-Pocket Benefit Premium Cost" work sheet on page 5 to determine your out-of-pocket costs for your selected 2003 benefit options.
4. Complete the 2003 Individual Benefits Statement Form. The form is available on paper from your payroll technician, or electronically at **mine.state.mt.us** for employees with MINE access.
5. If you complete a paper Individual Benefits Statement Form, sign and date the form. Electronic forms must be completed and paper forms must be returned to the Employee Benefits Bureau by **NOVEMBER 8, 2002**.
6. Watch for your Confirmation Statement and verify your enrollment.

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HELENA BENEFITS PRESENTATION SCHEDULE

Agency	Date	Time	Location
Administration	Monday, October 21 Monday, October 28	9 - 11 AM 2 - 4 PM	DPHHS Auditorium
Agriculture	Tuesday, October 29	9 - 11 AM	DPHHS Auditorium
Board of Education	Wednesday, October 23	2 - 4 PM	DPHHS Auditorium
Commerce	Monday, October 21 Wednesday, October 23	9 - 11 AM 2 - 4 PM	DPHHS Auditorium
Corrections	Tuesday, October 29	9 - 11 AM	DPHHS Auditorium
Environmental Quality	Monday, October 21 Thursday, October 24	2 - 4 PM 9 - 11 AM	DPHHS Auditorium
Fish, Wildlife & Parks	Monday, October 28 Monday, November 4	9 - 11 AM 9 - 11 AM	DPHHS Auditorium
Governor's Office	Thursday, October 24	9 - 11 AM	DPHHS Auditorium
Historical Society	Monday, October 21	2 - 4 PM	DPHHS Auditorium
Justice	Monday, October 28 Tuesday, October 29 Monday, November 4	9 - 11 AM 9 - 11 AM 9 - 11 AM	DPHHS Auditorium
Labor & Industry	Monday, October 28 Tuesday, October 29	2 - 4 PM 9 - 11 AM	DPHHS Auditorium
Legislative Branch	Thursday, October 24	9 - 11 AM	DPHHS Auditorium
Livestock	Tuesday, October 29	2 - 4 PM	DPHHS Auditorium
Military Affairs	Friday, October 25	9 - 11 AM	DPHHS Auditorium
Montana Arts Council	Wednesday, October 30	9 - 11 AM	DPHHS Auditorium
Natural Resources	Wednesday, October 30 Thursday, October 31	9 - 11 AM 9 - 11 AM	DPHHS Auditorium
Office of Public Instruction	Monday, October 28	2 - 4 PM	DPHHS Auditorium
Political Practices	Wednesday, October 30	9 - 11 AM	DPHHS Auditorium
Public Health & Human Services	Friday, October 25 Tuesday, October 29 Wednesday, October 30	9 - 11 AM 2 - 4 PM 2 - 4 PM	DPHHS Auditorium
Public Service Commission	Wednesday, October 30	9 - 11 AM	DPHHS Auditorium
RO Retirees	Monday, November 4	2 - 4 PM	DPHHS Auditorium
RO	Wednesday, November 6	9 - 11 AM	1111 Sanders - Enter North Door
RO	Wednesday, November 6	2 - 4 PM	
Revenue	Wednesday, October 23 Thursday, October 31	2 - 4 PM 9 - 11 AM	DPHHS Auditorium
Secretary of State	Thursday, October 31	9 - 11 AM	DPHHS Auditorium
State Auditor	Thursday, October 31	9 - 11 AM	DPHHS Auditorium
State Fund	Wednesday, October 23	9 - 11 AM	DPHHS Auditorium
State Library	Friday, October 25	9 - 11 AM	DPHHS Auditorium
Supreme Court	Wednesday, October 30	2 - 4 PM	DPHHS Auditorium
Transportation	Friday, November 1	9 - 11 AM 12:30 - 2:30 PM 3 - 5 PM	Transportation Auditorium

RO = Retiree information ONLY

OTHER CITY PRESENTATION SCHEDULE

	Agency	Date	Time	Location	
R V	Anaconda	Tuesday, October 22	2 - 4 PM	Anaconda High School Theater	515 Main St
RO	Billings	Monday, October 28	9 - 11 AM 12:30 - 2:30 PM 3 - 5 PM	MSU Billings (EMC) Ballroom - Student Union Building	
RO	Bozeman	Friday, November 1	10 AM - 12 PM 1 - 3 PM 3:30 - 5:30 PM	Fish, Wildlife & Parks Building Rear Conference Room	1400 S 19th St. Please use back entrance
R V	Boulder	Wednesday October 16	2 - 4 PM	Montana Development Center	310 4th Ave
R V		Thursday October 17	2 - 4 PM	Staff Training Room (Administration Bldg)	
RO	Butte	Friday, October 18	8 - 10 AM 12:30 - 2:30 PM	Montana Tech Student Union Bldg	Highland & Big Butte Rms
RO V	Deer Lodge	Wednesday, October 23	9 - 11 AM 1 - 3 PM	Elk's Lodge	230 Main St.
R V	Dillon	Wednesday, October 16	2 - 4 PM	Western Montana College Matthews Hall	710 S. Atlantic St Lewis & Clark Room
R	Glasgow/ Wolf Point	Wednesday, October 23	1 - 3 PM	Glasgow Library Basement Horizon Room	408 3rd Ave S
	Glendive	Thursday, October 24	8 - 10 AM	Dawson Community College	Lecture Hall
RO	Great Falls	Tuesday October 29	9 - 11 AM 1 - 3 PM 3:30 - 5:30 PM	University of Great Falls	Fine Arts Center-Theater
H	Havre	Wednesday, October 30	8 - 10 AM	Montana State University SUB	Northern Bear-Paw Room
RO	Kalispell/ Columbia Falls	Friday, November 1 Thursday, October 31	8 - 10 AM 9 - 11 AM 1 - 3 PM	Fish, Wildlife and Parks	490 Meridian Rd Conference Room
	Lewistown	Monday, November 4	1 - 3 PM	Yogo Inn - Mountain Room	211 East Main
R V	Libby	Thursday, October 17	9 - 11 AM	City Hall	The Ponderosa Room
	Miles City	Friday October 25	9 - 11 AM	Miles Community College Main Bldg. Room 106	2715 Dickerson
RO	Missoula	Monday, November 4	9 - 11 AM 12:30 - 2:30 PM 3 - 5 PM	Palmer Complex 1st Floor Conference Room	2677 Palmer St.
V	State Prison	Monday October 21	6 - 8 AM	Wallace Building	Large Classroom
V		Friday October 25	12 - 1 PM		
V		Tuesday October 29	2 - 4 PM		
	Shelby/ Cut Bank	Wednesday, October 30	2:30 - 4:30 PM	Marias River Electric Conference Room	910 Roosevelt Hwy

H = Hearing Impaired Interpreter

R = Retiree information included

RO = Retiree information ONLY

V = Video presentation, ending with a conference call to address questions.

Most locations with video presentations also have a live presentation scheduled in a nearby location.

If auxiliary aids/equipment are needed, please call 1-800-287-8266 or TDD relay at 1-800-253-4091 at least one week prior to presentation.

GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Indemnity medical plan

Plans that require a deductible to be met before any cost sharing begins. The state refers to these plans as its Traditional and Basic plans.

Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network providers

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating providers

Providers who have a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider

A provider that coordinates a member's medical care and provides referrals for specialty care.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered by the relevant medical or prescription drug.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2003

ACTIVE EMPLOYEES	\$ <u>366.00</u> (a)
RETIREES	\$ <u>0.00</u> (a)

CORE BENEFITS

MEDICAL PLAN (See rates on pages 6 & 7)

CHOOSE ONE {	Traditional:	\$ _____ (b)
	Basic:	\$ _____ (b)
	Blue Choice:	\$ _____ (b)
	New West:	\$ _____ (b)
	Peak Health:	\$ _____ (b)

DENTAL PLAN (See rates on page 13) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 14 – Retirees, please see eligibility section on page 26) \$ 2.80 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

NET COST OF CORE BENEFITS AFTER STATE CONTRIBUTION line a - line d = \$ _____ * (f)

*If line f is < \$0, you will pay out-of-pocket for Core Benefits each month.

OPTIONAL BENEFITS (Retirees are only eligible for Long-Term Care in this section)

FLEXIBLE SPENDING ACCOUNTS (Page 13)	Medical FSA	\$ _____ (g)
	Dependent Care FSA	\$ _____ (h)
Required administrative fee of \$2.16 if an amount is entered on line g and/or h		\$ _____ (i)

LIFE INSURANCE (See rates on page 14)	Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child)	\$ _____ (j)
	Optional Employee Life (Age rate x every \$1,000 of coverage)	\$ _____ (k)
	Supplemental Spouse (Age rate x every \$1,000 of coverage)	\$ _____ (l)
	Accidental Death & Dismemberment (\$.04 or \$.055 (with dependents) x every \$1,000 of coverage)	\$ _____ (m)

LONG-TERM CARE INSURANCE (See rates on pages 28 and 29) \$ _____ (n)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, and n = \$ _____ (n)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS

CORE BENEFITS	Enter amount from line f	\$ _____ (m)
OPTIONAL BENEFITS	Enter amount from line n	\$ _____ (n)
TOTAL BENEFITS	Add lines m and n	\$ _____ (o)
STATE CONTRIBUTION	Enter amount from line a	\$ _____ (p)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS	Subtract line p from o	\$ _____

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinonetmt.com

MEDICAL RATES

Monthly Premiums	Traditional	Basic	Peak	Blue Choice	New West
Employee	\$331	\$308	\$318	\$335	\$317
Employee & spouse	\$498	\$455	\$483	\$509	\$486
Employee & children	\$452	\$415	\$440	\$463	\$443
Employee & family	\$526	\$480	\$509	\$537	\$512
Joint Core	\$386	\$359	\$378	\$397	\$381

TRADITIONAL/
MEDICARE
COORDINATED

MEDICAL PLAN COSTS

Administered by BCBS and APS

Annual Deductible* (Applies to all services, unless otherwise noted)	\$435/Member \$1,305/Family
Coinsurance Percentages	
General	25%
Preferred Facility Services (See page 36 for a list of preferred facilities)	20%
Nonpreferred Facility Services (See page 36 for a list of non-preferred facilities)	35%
Annual Out-of-Pocket Maximums*	Average of \$1,500/Member (20% - 35% of \$6,000 in allowable charges)
	Average of \$3,000/Family (20% - 35% of \$12,000 in allowable charges)

*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).

MEDICAL PLAN SERVICES

Coinsurance:

Hospital Services (Inpatient services must be certified. Pre-certification is strongly recommended.)	20% - 35%
Room Charges	20% - 35%
Ancillary Services	20% - 35%
Surgical Services	20% - 35%
Outpatient Services	20% - 35%

BENEFIT YEAR 2003

NON-MEDICARE MEDICAL RATES

Monthly Premiums	Traditional	Basic	Peak	New West	Blue Choice
Retiree	\$331	\$308	\$318	\$317	\$335
Retiree & spouse	\$498	\$455	\$483	\$486	\$509
Retiree & children	\$452	\$415	\$441	\$443	\$463
Retiree & family	\$526	\$480	\$509	\$512	\$537
Retiree & Medicare spouse	\$449	\$411	\$437	\$440	\$460
Retiree & Medicare spouse and child	\$471	\$430	\$457	\$461	\$482

MEDICARE MEDICAL RATES

Monthly Premiums	Traditional	Medicare Coordinated	Peak	Blue Choice	New West
Medicare retiree	\$205	\$177	\$200	\$209	\$200
Medicare retiree & spouse	\$403	\$349	\$394	\$414	\$397
Medicare retiree & children	\$343	\$298	\$338	\$354	\$341
Medicare retiree & family	\$425	\$367	\$414	\$436	\$418
Medicare retiree & Medicare spouse	\$354	\$307	\$348	\$365	\$352
Medicare retiree & Medicare spouse & family	\$390	\$336	\$382	\$401	\$385

BASIC

MANAGED CARE BENEFIT PLANS

BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT

NEW WEST - Administered by New West Health Plan

PEAK - Administered by Peak Health Plan

Administered by BCBS and APS

In-Network Benefits

Out-of-Network Benefits

\$1,305/Member
\$2,610/Family

\$300/Member
\$600/Family

Separate \$500/Member
Separate \$1,000/Family

25%
20%
35%

25%

35%

Average of \$2,500/Member
(20% - 35% of \$10,000 in allowable charges)

\$2,000/Member
\$4,000/Family

Separate \$2,000/Member
Separate \$4,000/Family

Average of \$5,000/Family
(20% - 35% of \$20,000 in allowable charges)

Coinsurance/Copayment:

Coinsurance/Copayment:

Coinsurance:

20% - 35%

25%

35%

20% - 25%

25%

35%

20% - 25%

25%

35%

20% - 35%

25%

35%

20% - 35%

25%

35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL/ MEDICARE COORDINATED

Physician Services	
Office Visits	25% (no deductible for two office visits)
Inpatient Physician Services	25%
Lab/Ancillary/Miscellaneous Charges	25%
Emergency Services	
Ambulance Services for Medical Emergency	25%
Emergency Room Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Hospital Based Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Free Standing Facility Services	25%
Professional Charges	25%
Maternity Services	
Hospital Charges	20% - 35%
Physician Charges	25%
Prenatal Office Visits	25%
Routine Newborn Care Inpatient Hospital Charges	20% - 35% (no deductible)
Physician and Lab Charges	0% (no coinsurance, no deductible)
Preventive Services	
Adult Exams and Tests Mammogram, gyno exam and pap, proctoscopic and colonoscopic exams, PSA tests, bone density tests	25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy, sigmoidoscopy, or proctoscopy
Adult Immunizations for Pneumonia and Flu	Not covered
Well-Child Checkups and Immunizations	25% (no deductible) 0% (no deductible for County Health Department) (through age 5)
Mental Health Services	
Mental Health Care Inpatient Services (Inpatient services must be certified. Pre-certification is strongly recommended.) Max: One inpatient day may be exchanged for two partial hospital days.	20% - 35% 21 days (No max for severe conditions)
Outpatient Services With required referral or EAP counselor referral	25% Max: 40 visits (No max for severe conditions)
With NO required referral or EAP counselor referral	50% Max: 20 visits (No max for severe conditions)

BENEFIT YEAR 2003

BASIC	IN-NETWORK	OUT-OF-NETWORK
\$15/visit (no deductible)	\$15/visit (some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	Covered under In-Network Benefit
20% - 35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	Covered under In-Network Benefit
25%	25%	25%
20% - 35%	\$25/visit	\$25/visit
25%	25%	35%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for all prenatal care	35%
20% - 35% (no deductible)	25%	35%
0% (no coinsurance, no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35%
Not covered	\$15 with office visit (Allergy shots 25%, with no deductible in-network)	35%
25% (no deductible) 0% (no deductible for County Health Department) (through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35%
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL/ MEDICARE COORDINATED

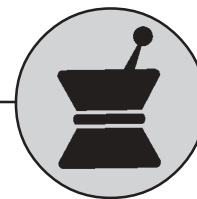
Chemical Dependency Inpatient Services* <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35%
Outpatient Services* With required referral or EAP counselor referral	25% Max: 40 visits and Dollar Limit*
With NO required referral or EAP counselor referral	50% Max: 20 visits and Dollar Limit*
*Dollar Limit Max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year thereafter.	
Rehabilitative Services	
Physical, Occupational, and Speech Therapy Inpatient Services <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35% Max: 60 days
Outpatient Services – Hospital	20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Outpatient Services – Non-Hospital	25% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Alternative Health Care Services	
Acupuncture	25% (plus charges over \$30/visit)
Naturopathic	25% (plus charges over \$30/visit)
Chiropractic	25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care
Extended Care Services	
Home Health Care <i>(Physician ordered/prior authorization recommended)</i>	25% Max: 70 days
Hospice	25% (20% - 35% if hospital-based) Max: 6 months
Skilled Nursing	25% (20% - 35% if hospital-based) Max: 70 days
Miscellaneous Services	
Dietary/Nutritional Counseling <i>(When medically necessary and physician ordered)</i>	20% - 35% Max: \$250
Durable Medical Equipment, Appliances, and Orthotics <i>(Prior authorization required for amounts >\$500)</i>	25% Max: \$100 for foot orthotics (per foot)
PKU Supplies	25%
Transportation <i>(Limited to reasonable one-way expenses for services not available in MT)</i>	25%
Organ Transplants <i>(Must be certified. Pre-certification is strongly recommended.)</i>	
Transplant Services Lifetime Maximums:	25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum

BENEFIT YEAR 2003

BASIC	IN-NETWORK	OUT-OF-NETWORK
20% - 35%	25%	35%
25% Max: 40 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
50% Max: 20 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
20% - 35% Max: 60 days	25% Max: 60 days	35% Max: 60 days
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35% Max: 30 visits
25% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35%
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care	\$15/visit Max: 20 visits for chiropractic subject to required referral	Not covered
25% Max: 70 days	\$15/visit Max: 30 visits	35% Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	25% Max: 30 days instead of hospitalization	35% Max: 30 days instead of hospitalization
20% - 35% Max: \$250	\$15/visit Max: no limit	35%
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35%
25%	0% (Plan pays for 100% for services required under State mandate.)	35%
25%	Ambulance service & organ transplant only	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

ANNUAL BENEFIT PLAN SUMMARY

PRESCRIPTION DRUG PLAN



Administered by Eckerd Health Services (EHS) • 1-888-347-5329 • www.ehs.com
DEDUCTIBLE OF \$100.00 PER PERSON APPLIES BEGINNING 07/01/03 FOR RETAIL PHARMACY PRESCRIPTIONS.

Out-of-Pocket Maximums

Each Prescription	\$250	
Each Member	\$1,160/year	
Each Family	\$2,320/year	
Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic		• \$20 copay + 10% of cost over \$400*
If Rx cost is <\$8	• Actual pharmacy charges	
If Rx cost is \$8+	• 10% coinsurance (\$8 minimum)	
Brand, Formulary		• \$40 copay + 20% of cost over \$400*
If Rx cost is <\$16	• Actual pharmacy charges	
If Rx cost is \$16+	• 20% coinsurance (\$16 minimum)	
Brand, Nonformulary		• \$60 copay + 30% of cost over \$400*
If Rx cost is <\$24	• Actual pharmacy charges	
If Rx cost is \$24+	• 30% coinsurance (\$24 minimum)	

* For prescriptions costing more than \$400 for a 90-day supply, call Eckerd Health Services to determine the total out-of-pocket cost.

NOTE: Prescription drug coverage is effective one year from your election date, unless you provide a certificate of coverage reflecting that you had previous prescription coverage.

FLEXIBLE SPENDING ACCOUNTS

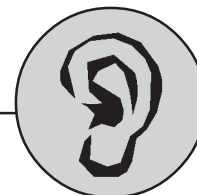


Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com

Account Types	Annual Amounts	Qualifying Expense Examples
Medical	• Minimum: \$120 • Maximum: \$5,000/Employee	• Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.
Dependent Care	• Minimum: \$120 • Maximum: \$5,000/Family	• Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Administrative cost is \$2.16 per month.

EMPLOYEE ASSISTANCE PROGRAM



Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com

Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal and Financial Consultations	• Free	
Long-term Services		
Counseling	• 25% with APS referral	• 40 outpatient visits
Psychiatric Services	• 25% with APS referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with APS referral	• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health section of the Annual Benefit Plan Summary.

BENEFIT YEAR 2003

DENTAL PLAN



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

DEDUCTIBLE OF \$50.00 PER PERSON APPLIES BEGINNING 07/01/03 (excludes Type A preventative services). MAXIMUM YEARLY BENEFIT OF \$1,000 FOR ALL SERVICES WILL BE IMPLEMENTED 07/01/03.

Monthly Premiums

Member only	\$28.60
Member and spouse	\$34.60
Member and children	\$41.60
Member and family	\$46.60
Joint Core	\$32.60

Covered Services

Type A: Preventive and Diagnostic

Plan Pays
• 100%**

Limitations/Maximums

- One full-mouth X-ray or series in any 36-month period.
- One set of supplementary bitewing X-rays in any 180-day period.
- One exam and/or cleaning in any 180-day period.
(Fluoride application covered through age 19.)
- Subject to \$1,000 yearly maximum
- Not subject to deductible

Type B: Fillings, Oral Surgery, etc.

• 80%**

- Subject to \$50.00 deductible
- Subject to \$1,000 yearly maximum

Type C: Dentures, Bridges, etc.

• 50%**

- Subject to \$50.00 deductible
- Subject to \$1,000 yearly maximum
- Replacement crowns limited to once every five years.
- Replacement dentures limited to once every five years.
- \$10,000/lifetime for endentulous Dental Implants
Prior authorization required. Yearly maximum also applies.
- Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

*Retiree means either a Medicare retiree or a non-Medicare retiree.

**Of allowable charges.

OPTIONAL VISION PLAN



Administered by VSP Well Vision
1-800-877-7195 • www.vsp.com

Monthly Premiums

Member only	\$ 7.85
Member and spouse	\$12.40
Member and children	\$12.65
Member and family	\$20.40

Covered Services

Eye Exam

Frequency
12 months

Coverage from a VSP Doctor
\$10 copay

Out of Network Reimbursement
Up to \$45 allowance

Frames

24 months

Up to \$120 allowance

Up to \$47 allowance

Lenses

24 months

\$20 copay applied to lenses & frame

Up to \$45 allowance - single vision
Up to \$65 allowance - lined bifocal
Up to \$85 allowance - lined trifocal
Up to \$105 allowance

Contact Lenses

24 months

Up to \$105 allowance

**Other value added discounts available - see page 18 for more details

ANNUAL BENEFIT PLAN SUMMARY

LIFE INSURANCE PLAN

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$2.80
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.040/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.055/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30	... \$0.03
<35	... \$0.05
<40	... \$0.08
<45	... \$0.10
<50	... \$0.15
<55	... \$0.23
<60	... \$0.43
<65	... \$0.66
65+	... \$0.98

LONG-TERM CARE INSURANCE

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options

Choices

Care Type
Plan 1
Plan 2
Plan 3

- Facility (Nursing Home or Assisted Living)
- Facility + Professional Home Care (Provided by a licensed home health organization)
- Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)

Monthly Benefit

Nursing Home
Assisted Living
Home Care

- \$1,000 - \$6,000
- 60% of the selected nursing home amount
- 50% of the selected nursing home amount

Duration

3 year
6 year
Unlimited

- 3 years Nursing Home
- 6 years Nursing Home
- Unlimited Nursing Home
- or 5 years Assisted Living
- or 10 years Assisted Living
- or Unlimited Assisted Living
- or 6 years Home Care
- or 12 years Home Care
- or Unlimited Home Care

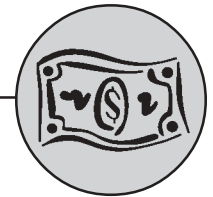
Inflation Protection

Yes
No

- 5% compounded annually
- No protection

BENEFIT YEAR 2003

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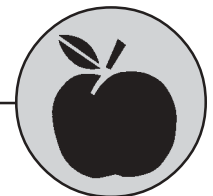


PREMIUM PAYMENT PLAN

Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena • www.discoveringmontana.com/doa/spd/benefits/index.htm

Benefit of Participation Pre-tax Eligible	Eligible Premiums • Health, dental, accidental death & dismemberment coverage, and up to \$50,000 in employee term life
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**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Employee Benefits Bureau of any changes as soon as possible to avoid losing premiums.*



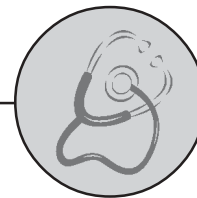
WELLNESS PROGRAMS

Provided by the Employee Benefits Bureau
1-800-287-8266 • www.discoveringmontana.com/doa/spd/css/benefits/healthbenefits.asp

2003 Programs Health Screenings	Cost Free biannually to subscriber	Benefits • Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides • Blood pressure and body mass index • Optional PSA and osteoporosis screenings • Information on risk reduction through life-style modifications
Flu Vaccinations	Nominal charge	• Conveniently available at employee work sites
Spring Fitness Move to Improve Food & Fitness	\$5/member (depending on program)	• Team program designed to get people <i>active</i> • Team program for active folks who want to boost their <i>nutrition</i>
Weight Watchers	*Half-off fee biannually	• Helps pay for qualifying employees to join Weight Watchers and get fit
Smoking Cessation	*Half-off fee biannually	• Helps smokers quit through a step-by-step program, group support, health care provider presentations, and help from former smokers
Lunch & Learn	Free	• This educational brown-bag series offers healthy-living talks by local experts
Health Club Discounts	Free	• Most clubs are now offering a discount for State of Montana employees

**Weight Watchers and Smoking Cessation programs are available to qualifying members only. Half-off fee is described in detail on page 31. For more information, visit the Wellness Program's web site, or call the Employee Benefits Bureau.*

MEDICAL INSURANCE PLANS



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan. While dependent coverage may be deleted during annual change, dependent enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);



CLICK ON IT!
Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinonetmt.com

- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

2. Review and compare each plans' costs and services in the Benefits Summary, starting on page 6.

3. Review your typical health care needs and look at the Cost Comparisons on pages 17 and 18.

4. If you are considering a managed care plan, review the Managed Care Areas section on pages 34 and 35, and the provider directories beginning on page 37.

5. Determine which plan will work best for your family. Make your selection by completing the Medical Section of the Individual Benefits Statement Form.

Individual Benefits
Statement Form
Section I: Medical



INSTRUCTIONS

1. Read about each plan in the General Information section on this page.

GENERAL INFORMATION

The State of Montana offers two indemnity insurance plans and three managed care plans to choose from:

- **Traditional Plan**
- **Basic Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

INDEMNITY PLANS

The Traditional and Basic indemnity plans are administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service, and provides notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How They Work

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

Preferred Hospital Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals offer services for members on the Traditional or Basic plans that are subject to lower coinsurance rates. Please refer to the Participating Hospitals section on page 36 for a list of these hospitals. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral is obtained).

In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP oversees the member's care and generally gives referrals for any specialty care that is needed. While a PCP referral is not required for the plan member to see an in-network specialist, referrals are required from a plan physician to see an out-of-network specialist and still receive the plans' in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Out-of-State Services

Plan members may receive standard benefits for medical services in other states for a medical emergency if they obtain a required referral, or if their plan accesses an out-of-state network. Please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan and Basic Plan are both available to members living anywhere in Montana or throughout the world.

These plans include services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The Standard Managed Care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are

available to members living in certain areas in Montana. Please see page 34 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

New West Health Plan

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, Miles City, and the surrounding communities.

IMPORTANT!
BCBS providers for the Traditional and Basic plans are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

MEDICAL INSURANCE COST COMPARISONS

The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on pages 6 and 7. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES, LEGISLATORS, & COBRA		TRADITIONAL		BASIC	MANAGED CARE PLANS	
Sample Services	Allowable Charge				In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay →	\$76	\$45	\$45	\$150
Copay costs				\$45 (\$15/each)	\$45 (\$15/each)	
Costs applied to deductible			\$50*			\$150
Coinsurance costs			\$25			
Lab charges with office visit 1	\$75	You pay →	\$75	\$75	\$75	\$75
Copay costs						
Costs applied to deductible			\$75	\$75	\$75	\$75
Coinsurance costs						
Specialist visit (i.e. dermatologist)	\$200	You pay →	\$200	\$200	\$15	\$200
Copay costs					\$15	
Costs applied to deductible			\$200	\$200		\$200
Coinsurance costs						
Preferred hospital inpatient	\$8,500	You pay →	\$1,290	\$2,524	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$1,180	\$1,494	\$2,000	\$2,000
Nonpreferred hospital inpatient	\$8,500	You pay →	\$2,175	\$3,645	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$2,065	\$2,615	\$2,000	\$2,000

*First two office visits are exempt from the deductible.

MEDICAL INSURANCE COST COMPARISONS FOR RETIREES

The following medical insurance cost comparisons show how the Traditional Plan and Medicare-Coordinated Plan would process the same service, and what costs the retired plan member would be responsible for paying. Costs for deductible and coinsurance are cumulative within the example. The first line of each example shows the total costs. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 7. This example assumes the services were for one member. This is simply an example and is not a guarantee that similar services will process identically.

Coinsurance percentages

Regular/Managed Care	25%
Preferred Hospital Services (Indemnity Plans)	20%
Nonpreferred Hospital Services (Indemnity Plans)	35%
Out-of-Network Managed Care	35%

Deductible levels

Traditional	\$435/\$1,305
Medicare Coordinated	\$435/\$1,305
Managed Care	\$300/\$600

MEDICARE RETIREES

Sample Services	Medicare Allowable Charge	Your Responsibility After Medicare pays	Traditional	Medicare Coordinated
Office visits 1 & 2 (\$50 each)	\$100	\$100	You pay ➔ \$25	\$25
Copay costs				
Costs applied to deductible		\$100 (applied)	\$100 (applied)	\$100 (applied)
Coinsurance costs			\$25	\$25
Specialist visit (i.e. cardiologist)	\$500	\$100	You pay ➔ \$0	\$100
Copay costs				
Costs applied to deductible			\$335 (applied)	\$335 (applied)
Coinsurance costs		\$100		\$100
X-Rays	\$100	\$20	You pay ➔ \$0	\$20
Copay costs				
Costs applied to deductible				
Coinsurance costs		\$20	\$0	\$20
Preferred hospital inpatient	\$8,500	\$792	You pay ➔ \$0	\$792
Copay costs				
Costs applied to deductible				
Coinsurance costs		\$792		\$792
Nonpreferred hospital inpatient	\$8,500	\$792	You pay ➔ \$0	\$792
Copay costs				
Costs applied to deductible				
Coinsurance costs		\$792		\$792

PRESCRIPTION DRUG PLAN



Administered by Eckerd Health Services (EHS) • 1-800-347-5329 • www.ehs.com

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all state employees. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

DRUG OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy or a mail-order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. **Retail pharmacy prescriptions are subject to a \$100.00 per person deductible beginning 07/01/03. Deductible does not apply to multiple sclerosis or compound drugs.** If you use

a pharmacy in the EHS Preferred Network, you only pay the plan copay and any coinsurance. You will have no unallowed charges.

A list of network pharmacies is provided, beginning on page 32.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions from Express Pharmacy Services or Ridgeway Pharmacy,

through EHS's mail-order service. Please see page 32 for a list of mail-order pharmacies.

DRUG COSTS

Refer to the Annual Benefit Plan Summary on page 12 for information on prescription drug costs.

PRIOR AUTHORIZATIONS

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS.

OPTIONAL WELL VISION PLAN

Administered by Vision Service Plan (VSP) • 1-800-877-7195 • www.vsp.com

WHO IS ELIGIBLE?

Employees, Retirees, spouses, and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found on page 13 and complete the Enrollment/Change Form. **If you choose this enrollment, it is a two year commitment. (2003 through 2004)**



Complete the Enrollment/Change Form - Parts 1 & 4

GENERAL INFORMATION

Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at www.vsp.com or call member services at 800-877-7195.

Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO box 997105, Sacramento, CA 95899-7105.

EMPLOYEE ASSISTANCE PROGRAM

Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com



WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in your household.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

SHORT-TERM BENEFITS

You or your dependents are entitled to four free visits per issue each year with a counselor who holds at least a Master's Degree. All visits are completely confidential. APS counselors advise plan members in areas such as money management, grief, coping with stress, family difficulties, and work-related issues. If you are in a crisis situation or just want to talk to someone quickly and confidentially, call APS anytime.

APS also offers free legal consultations and referrals, free financial consultations, case management, maternity management, hospitalization notification, supervisor, and work unit training. To access any of the services, call APS. To learn more about these benefits, check out the web site at www.discoveringmontana.com/doa/spd/css/benefits/eap.asp.



MANAGED CARE MEMBERS

Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

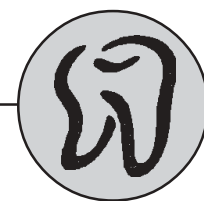
LONG-TERM BENEFITS

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Plan members will receive a better benefit for outpatient visits when they first obtain an APS referral.

By utilizing the services provided by APS provided at no direct cost to the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants

DENTAL PLAN



Administered by Blue Cross/Blue Shield
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

WHO IS ELIGIBLE?

Employees are required to elect dental insurance. Dependents may receive coverage, however the annual change period is the only time you may add or delete a dependent from the dental plan without a qualifying event or as a new hire. Adding a dependent to the plan requires the submission and approval of an application, except for children under 3 years of age. Applicants will be required to have outstanding dental problems identified during the application exam and corrected before joining the plan.

INSTRUCTIONS

1. Read about the Dental Plan in the General Information section on this page and the Benefits Summary on page 13.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Make your selection by completing the Dental Section of the Individual Benefit Statement Form.

Individual Benefits
Statement Form
Section II: Dental



GENERAL INFORMATION

Dental plan benefits are paid differently depending on the type of service received.

The deductible of \$50.00 per person applies beginning 07/01/03. Deductible does not apply to Type A preventative services.

Each member and dependent has a maximum yearly benefit of \$1,000 for all dental services incurred in 2003 and subsequent plan years.

If you use a BC participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges (within yearly maximum) for Type A Services and are not subject to deductible:

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 19 years of age, but *not more than one examination and/or application in any 180-day period.*

3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible and within maximum) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible and within maximum) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$10,000 for endentulous Dental Implants per lifetime. (Prior authorization is required). Yearly maximum also applies.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

Type C Limitations

Type C Services (except replacement dentures) are payable after 12 months of continuous coverage under the Plan. Replacement dentures are payable after 36 months of continuous coverage (waiting periods may be eliminated or reduced by a Previous Coverage Credit).

CLICK ON IT!

There's more information on the Dental Plan at the State of Montana web site:

www.state.mt.us/doa/spd/css/benefits/employeebenefits.asp



FLEXIBLE SPENDING ACCOUNTS

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com



WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

Retirees are not eligible to participate.

There are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA, not decreasing it. The change

must be made within 31 days of the qualifying event.

INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.
2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 23.
3. Use the “Electing a Medical FSA Amount” work sheet on page 24 to calculate your household’s predictable out-of-pocket medical, dental, and vision expenses for 2003.
4. Use the “Estimated Tax Savings from a Medical FSA” work sheet on page 24 to calculate your household’s tax savings.
5. Use the “How Much Money Should Go Into My Dependent Care FSA?” work sheet on page 25 to

IMPORTANT!
You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is not automatic!

calculate your household’s predictable day care expenses for children and/or dependent parents.

6. Complete the “Child Tax Credit or Dependent FSA?” work sheet on page 25 to be sure a Dependent Care FSA is right for you.

7. If needed, consult your tax preparer about your specific tax situation.

8. Make your selection by completing the Flexible Spending Accounts Section of the Individual Benefits Statement Form.

Individual Benefits
Statement Form
Section III: Flexible
Spending Accounts



GENERAL INFORMATION

HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first

from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

WHAT'S THE CATCH?

Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. EOB or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI’s web site.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces

- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.



CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

www.asiflex.com

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Nonprescription drugs
- Vitamins and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

MEDICAL FSA WORK SHEETS

ELECTING A MEDICAL FSA AMOUNT

This work sheet will help you decide an appropriate annual election for a Medical FSA. It can also be used to estimate the tax savings you will receive by using a Flexible Spending Account. Estimate your total annual health care expenses for the 2003 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

Insured Expenses	2002	Estimated 2003
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Uninsured Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

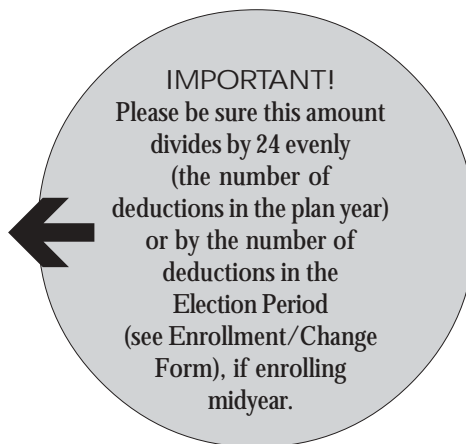
Total projected out-of-pocket expenses for 2003 \$ _____

**Total out-of-pocket expenses you are sure of
and want to pay through a Medical FSA** \$ _____

ESTIMATED TAX SAVINGS FROM A MEDICAL FSA

A) Total medical expenses to be paid through FSA	\$ _____
B) Taxable income rate from table on page 25 (use the rate that corresponds with your filing status for federal income taxes)	% _____
C) Conservative 5% state tax rate	% <u>5</u>
D) FICA/Medicare tax rate	% <u>7.65</u>
E) Add lines B, C, and D and enter total here	% _____
F) Multiply line A by line E and enter here	\$ _____

Line F = TOTAL estimated tax savings from a Medical FSA



DEPENDENT CARE FSA WORK SHEETS

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this work sheet to determine an appropriate Dependent Care FSA election.

	Estimated 2003
Monthly Care Expenses	
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

Total Annual Estimated Care Expenses=_____

CHILD TAX CREDIT OR DEPENDENT FSA?

This work sheet will help you decide if you would benefit more from the Federal Child Care tax credit or from a Dependent Care FSA. Use the tables and income (in the right-hand column) that correspond with the way you file your federal tax return. For example: if you file Married, Joint on your federal tax return, use your "joint" income in the tables and work sheet.

	Federal Child Care Tax Credit	Dependent Care FSA
A) Total annual estimated dependent care expenses	\$ _____	\$ _____

For the Federal Tax Credit, this amount cannot exceed \$2,400 for one qualifying dependent; \$4,800 if two or more and cannot exceed your or your spouse's income, whichever is smaller. The maximum FSA Dependent Care amount for 2003 is \$5,000/household.)

B) Federal Child Care Tax Credit rate (from table to the right) % _____ % N/A

C) Federal taxable income rate (from table to the right) % N/A % _____

D) *Multiply line B or C (whichever applies) by line A \$ _____ \$ _____

E) Conservative 5% state tax rate; 7.65% FICA/Medicare tax rate % N/A % 12.65

F) Add line C and line E \$ N/A \$ _____

G) **Multiply line A by line F \$ N/A \$ _____

*** Line D = estimated Federal Tax Credit and estimated federal tax savings from a Flexible Spending Account**

**** Line G = estimated TOTAL Tax Savings (Federal, State, and FICA/Medicare) from a Flexible Spending Account**

2002 TAX RATE SCHEDULES

The IRS does not make tax schedules for 2003 available until late 2002. The Employee Benefits Bureau will update these schedules when the information becomes available.

Single – Taxable Income is:				
Over—	Not Over—	The tax is—	Amount	Of the Over—
\$0	\$27,050	15%		\$0
27,050	65,550	\$4,057.50 + 27.5%		27,050
65,550	136,750	14,645.00 + 30.5%		65,550
136,750	297,350	36,361 + 35.5%		136,750
297,350+		93,374.00 + 39.1%		297,350

Head of Household – Taxable Income is:				
Over—	Not Over—	The tax is—	Amount	Of the Over—
\$0	\$36,250	15%		\$0
36,250	93,650	5,437.50 + 15%		36,250
93,650	151,650	21,222.50 + 30%		93,650
151,650	297,350	38,912.50 + 35.5%		151,650
297,350+		90,636.00 + 39.1%		297,350

Married Filing Jointly or Qualifying Widow(er)
Taxable Income is:

Over—	Not Over—	The tax is—	Amount	Of the Over—
\$0	\$45,200	15%		\$0
45,200	109,250	6,780.00 + 27.5%		45,200
109,250	166,500	24,393.75 + 30.5%		109,250
166,500	297,350	41,855.00 + 39.5%		166,500
297,350+		88,306.75 + 39.1%		297,350

Married Filing Separately – Taxable Income is:

Over—	Not Over—	The tax is—	Amount	Of the Over—
\$0	\$22,600	15%		\$0
22,600	54,625	3,390.00 + 27.5%		22,600
54,625	83,250	12,196.88 + 30.5%		54,625
83,250	148,675	20,927.50 + 39.5%		83,250
148,675+		44,153.38 + 39.1%		148,675

Federal Child Care Tax Credit

Adjusted Rate Gross Income	Line B	Adjusted Rate Gross Income	Line B
\$0 - \$10,000	30%	\$20,000 - \$22,000	24%
10,000 - 12,000	29%	22,000 - 24,000	23%
12,000 - 14,000	28%	24,000 - 26,000	22%
14,000 - 16,000	27%	26,000 - 28,000	21%
16,000 - 18,000	26%	More than 28,000	20%
18,000 - 20,000	25%		

LIFE INSURANCE PLAN

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees and non-Medicare retirees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents. **Non-Medicare retirees are only eligible for Basic Life. Medicare retirees are not eligible for any life coverage offered by the State.**

During Annual Change you may delete coverage for plans B, C, D, and E. You may add or increase Plan E and apply for

coverage or additional coverage under plans C and D. You may decrease coverage in Plan C down to your annual salary, rounded to the next highest \$5,000 increment.

INSTRUCTIONS

1. Read about the various plans in the General Information section on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs in the Annual Benefit Plan Summary on page 14.

4. Make your selection by completing the Life Insurance Section of the Individual Benefits Statement Form.

Individual Benefits
Statement Form
Section IV:
Life Insurance



GENERAL INFORMATION

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans offered are term life plans, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees and is also available to retirees under age 65 who continue state benefits.

Plan B – Dependent Life

This plan is only available during your

initial 31-day enrollment period, or within the first 31 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for spouses and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. This amount is available without carrier approval if you enroll during your initial 31-day enrollment period. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$200,000. These additional amounts require evidence of insurability to be submitted and approved

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$200,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

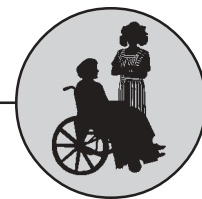
Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

IMPORTANT!
Rates increase by five-year increments, so costs automatically increase when the employee moves into the next five-year age bracket.

MAKING A CHANGE

If you are adding or increasing plans C or D, you will receive a Medical History Statement (application) from the Employee Benefits Bureau. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will subsequently be notified of the underwriting decision and, if approved, of the effective date of your life insurance coverage.

LONG-TERM CARE INSURANCE PLAN



Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana

WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

4. If you would like to sign-up for the plan, check the "Long-Term Care Insurance Plan Enrollment Kit" request box on your Individual Benefits Statement Form. You may also request an enrollment kit by calling the Employee Benefits Bureau at 1-800-287-8266 or 444-7462 in Helena.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 28 and 29.

Individual Benefits
Statement Form
Section V:
Long-Term
Care Insurance



GENERAL INFORMATION

LONG-TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

IMPORTANT CONVERSION NOTICE!

When you are no longer an active employee, you have 31 days to request a conversion form from the Employee Benefit Bureau. This converts you to an individual policy at the same rates.

LONG-TERM CARE INSURANCE RATES

For rates
with Inflation
Protection,
see page 29

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With
Inflation
Protection

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

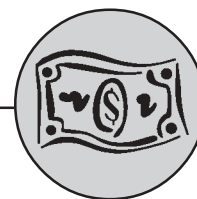
PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited		
Age	18-30		6.00	7.80	10.00				8.20	10.90	14.60				11.50	15.40	21.50			
31	•		6.10	8.10	10.20	•			8.30	11.20	14.90	•			11.70	15.90	22.00	•		
32	•		6.20	8.20	10.60	•			8.50	11.40	15.40	•			12.00	16.20	22.50	•		
33	•		6.50	8.60	10.80	•			8.70	11.80	15.70	•			12.20	16.60	23.00	•		
34	•		6.60	8.70	11.00	•			9.00	12.00	16.00	•			12.50	17.00	23.40	•		
35	•		6.90	9.00	11.40	•			9.30	12.40	16.40	•			12.90	17.50	24.10	•		
36	•		7.00	9.20	11.70	•			9.50	12.70	16.90	•			13.20	17.90	24.60	•		
37	•		7.20	9.60	12.00	•			9.70	13.10	17.40	•			13.50	18.40	25.30	•		
38	•		7.50	9.90	12.40	•			10.10	13.50	17.80	•			14.00	19.00	26.00	•		
39	•		7.70	10.00	12.70	•			10.40	13.70	18.20	•			14.30	19.30	26.50	•		
40	•		7.90	10.40	13.00	•			10.60	14.10	18.70	•			14.60	19.80	27.30	•		
41	•		8.20	10.60	13.50	•			10.90	14.50	19.30	•			15.10	20.30	28.00	•		
42	•		8.40	10.90	13.70	•			11.20	14.90	19.60	•			15.40	20.80	28.60	•		
43	•		8.60	11.30	14.10	•			11.50	15.30	20.20	•			15.90	21.40	29.40	•		
44	•		9.00	11.70	14.60	•			11.90	15.90	20.80	•			16.40	22.10	30.30	•		
45	•		9.20	11.90	14.90	•			12.30	16.20	21.30	•			16.80	22.60	31.00	•		
46	•		9.60	12.50	15.50	•			12.60	16.80	22.00	•			17.30	23.40	32.10	•		
47	•		9.90	12.80	16.10	•			12.90	17.10	22.50	•			17.90	24.10	33.10	•		
48	•		10.20	13.20	16.60	•			13.20	17.50	23.10	•			18.40	24.90	34.20	•		
49	•		10.70	13.80	17.10	•			13.70	18.10	23.60	•			19.10	25.70	35.20	•		
50	•		11.00	14.20	17.80	•			14.00	18.50	24.30	•			19.60	26.50	36.50	•		
51	•		11.50	14.80	18.50	•			14.60	19.20	25.10	•			20.50	27.60	38.00	•		
52	•		12.10	15.50	19.30	•			15.10	19.90	25.90	•			21.30	28.70	39.40	•		
53	•		12.40	16.00	19.90	•			15.40	20.30	26.60	•			21.90	29.60	40.80	•		
54	•		12.90	16.70	20.80	•			15.90	21.10	27.40	•			22.60	30.70	42.20	•		
55	•		13.80	17.70	21.90	•			16.70	21.90	28.30	•			23.50	31.70	43.30	•		
56	•		14.50	18.60	23.00	•			17.40	22.80	29.40	•			24.50	33.10	45.20	•		
57	•		15.30	19.60	24.20	•			18.30	23.80	30.80	•			25.80	34.70	47.60	•		
58	•		16.20	20.80	25.60	•			19.10	25.00	32.10	•			26.90	36.40	49.90	•		
59	•		17.10	21.90	26.90	•			20.00	26.10	33.60	•			28.20	38.10	52.30	•		
60	•		18.30	23.10	28.40	•			21.10	27.30	35.00	•			29.60	40.00	54.80	•		
61	•		19.70	25.20	30.80	•			22.50	29.40	37.50	•			31.50	42.80	58.70	•		
62	•		21.40	27.10	33.00	•			24.20	31.30	39.70	•			33.50	45.50	62.30	•		
63	•		22.90	29.10	35.50	•			25.70	33.30	42.30	•			35.50	48.30	66.30	•		
64	•		25.00	31.60	38.40	•			27.80	35.90	45.20	•			38.00	51.70	70.80	•		
65	•		28.10	35.50	43.00	•			30.90	39.80	50.00	•			41.70	56.80	77.80	•		
66	•		30.40	38.30	46.40	•			33.10	42.70	53.70	•			44.20	60.30	82.80	•		
67	•		33.20	41.80	50.50	•			36.10	46.40	58.20	•			47.60	65.10	89.10	•		
68	•		35.90	45.20	54.60	•			38.90	50.00	62.70	•			50.80	69.40	95.10	•		
69	•		39.20	48.90	59.20	•			42.30	54.00	67.80	•			54.60	74.40	102.20	•		
70	•		42.30	52.90	64.00	•			45.50	58.20	73.10	•			58.20	79.60	109.30	•		
71	•		46.10	57.50	69.30	•			49.40	63.10	78.90	•			62.40	85.50	117.10	•		
72	•		50.20	62.70	75.50	•			53.70	68.50	85.60	•			67.20	92.10	125.90	•		
73	•		54.10	67.10	80.80	•			57.70	73.40	91.40	•			71.80	98.20	134.00	•		
74	•		59.00	73.00	87.60	•			62.60	79.60	98.80	•			77.20	105.60	143.70	•		
75	•		69.20	85.60	102.50	•			73.30	93.00	115.30	•			89.70	122.70	166.50	•		
76	•		75.30	93.00	111.50	•			79.50	100.80	125.00	•			96.40	132.10	179.20	•		
77	•		80.60	99.40	119.10	•			84.80	107.50	133.30	•			102.00	139.90	189.70	•		
78	•		87.40	107.70	128.80	•			91.80	116.10	143.70	•			109.50	150.10	203.20	•		
79	•		94.10	115.80	138.50	•			98.70	124.80	154.20	•			117.00	160.70	217.20	•		
80	•		102.20	125.60	149.80	•			106.90	135.00	166.50	•			125.80	172.70	233.10	•		
81	•		110.20	135.10	161.00	•			115.10	145.00	178.50	•			134.40	184.40	248.40	•		
82	•		120.80	147.70	175.60	•			125.80	158.20	194.40	•			146.00	200.30	269.00	•		
83	•		131.70	160.70	190.70	•			137.00	172.00	210.70	•			158.40	217.20	290.70	•		
84	•		141.70	172.70	204.20	•			147.30	184.60	225.30	•			169.40	232.60	309.90	•		

PREMIUM PAYMENT PLAN

Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena • www.discoveringmontana.com/doa/spd/benefits/index.htm



WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Premium Payment Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Premium Payment Plan.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce or turning age 25 will lose coverage on the last day of the month in which the event occurs. Dependent children

losing eligibility for coverage due to marriage or employment will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

INSTRUCTIONS

1. Read about the Premium Payment Plan in the General Information section on this page.
2. Decide if you want to participate in the Premium Payment Plan.
3. Check your Individual Benefit Statement to determine if you are currently participating. If you wish to continue, no action is required. However, if you want to make a change, make your selection by completing Section VI of the Individual Benefits Statement Form.

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code. The Premium Payment Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Premium Payment Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Premium Payment Plan.

ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, accidental death & dismemberment (AD&D), and up to \$50,000 in employee term life may be paid pre-tax through the Premium Payment Plan.

INELIGIBLE BENEFITS

Employee term life insurance coverage over \$50,000, dependent life insurance coverage, supplemental spouse life insurance coverage and Long-Term Care insurance coverage, are defined by IRS code as taxable benefits and are excluded from the Premium Payment Plan.

WHAT'S THE CATCH?

According to a new interpretation of IRS rules, a potential drawback of the Premium Payment Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax reductions.

RETIREES & COBRA MEMBERS

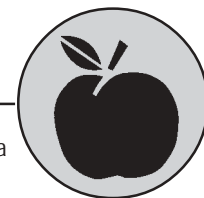
Retirees and COBRA members may prepay premiums up to the end of the year on a pre-tax basis. However, if you are thinking about leaving state employment and either taking COBRA or retiring, consider your circumstances carefully before prepaying premiums. If you have mid-year coverage changes (shown above) that reduce the amount of your premium, *no refund of premiums is available.*

If you are on COBRA and you or your spouse lose eligibility because you obtain other employment offering coverage or become eligible for Medicare, *no refund of prepaid premiums is available.*

If you are a retiree and no longer need state insurance because of other coverage, *no refund of prepaid premiums is available.*

Consult your tax advisor to determine the specific effect the Premium Payment Plan will have on your taxes.

WELLNESS PROGRAMS



Provided by the State of Montana Employee Benefits Bureau • 1-800-287-8266 or 444-7462 in Helena
www.discoveringsmontana.com/doa/spd/css/benefits/Wellness/wellness.asp

WHO IS ELIGIBLE?

All employees and retirees enrolled in the State's Medical Insurance Plan are

eligible to participate in the Wellness Program. Some programs offered through the Wellness Program are even available to

subscriber spouses; see program descriptions in the General Information section on this page.

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in maintaining or enhancing their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional PSA and osteoporosis screenings.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Fees

The health screening is offered free once every two years to primary subscribers of the indemnity medical plans. For a nominal fee, the screenings may be obtained on an annual basis by indemnity subscribers, or by managed care subscribers and spouses enrolled in any medical plan.

SPRING FITNESS PROGRAMS

These eight-week programs run simultaneously during the spring. Both programs are offered to teams of coworkers, who compete for prizes, provide lots of encouragement, and have fun!

Move to Improve

This program offers a fun team approach to exercise for people of all activity levels and paces.

Food & Fitness

This program is designed for people who already lead an active life, but want to boost their nutrition and challenge their fitness level.

WEIGHT WATCHERS

This program offers partial fee reimbursements for folks who want to slim down and get more active.

Fee Reimbursements

Qualifying participants will be reimbursed for

- half of a 13-week session of the Weight Watchers At Work Program, or
- half of a 14-week session of the Weight Watchers Traditional Program.

Maximum biannual reimbursement will be \$71.17 for the 13-week At Work Program, or \$69.65 for the 14-week Traditional Program.

Weight Qualifications

To qualify for the program, men must be at least 10 percent over the maximum weight for their age (chart available on the Wellness Program web site, or by calling the Employee Benefits Bureau). Women must be 10 percent over the maximum weight for their age, minus 4 pounds. You may also qualify with a recommendation for weight loss from either APS or your Health Screenings results, or with a written prescription from a physician for weight loss due to diabetes, high blood pressure, or high cholesterol.

Participation Qualifications

To receive the partial fee reimbursement, you must attend at least 75 percent of the classes, achieve the 10 percent weight loss goal set in advance by the Weight Watchers instructor, and exercise at least three times a week (documentation required).

For more information on program qualifications and reimbursement instructions, contact the Wellness Program.

SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed once every two years for participation in a smoking cessation class.

Fee Reimbursement

If you meet the qualifications, you may receive reimbursement once every two years for half the cost of the class, up to a maximum of \$70.

For more information, visit the Wellness Program's web site or call the Employee Benefits Bureau.

Participation Qualifications

- The class must be approved by the American Lung Association.
- You must attend at least 75 percent of the classes.
- Your supervisor must sign a form stating that, to the best of their knowledge, you have quit smoking.

LUNCH & LEARN SERIES

Throughout the year, educational lunch-time talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered, including nutrition and dieting, sports safety, disease prevention, and local activities. Notification of topics, locations, and times will be sent via email to payroll technicians.

WALKING PATH

Spend your lunch break strolling on this one-mile walking path located on the Capital Complex, or determine your own walking route! Breathing in the fresh air and admiring the beautiful landscaping will help clear your mind, exercise your body, and ease your stress level.

HEALTH CLUB DISCOUNTS

Most local health clubs offer a discount for State of Montana employees. Ask your local health club for more information.

MORE INFORMATION

Visit the Wellness Program web site listed above for more information on these programs and other healthy-living tips.

EHS NETWORK PHARMACIES

CITY	PHARMACY
Absarokee	Absarokee Drug Co
Anaconda	Osco Drug #5223 Safeway Pharmacy #256 Thrifty Drug Store
Arlee	Jocko Pharmacy
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's #2009 Pharmacy Lee & Dad's Grocer
Big Sky	Lone Mountain Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's #2025 Pharmacy Albertson's #2026 Pharmacy Albertson's #2041 Pharmacy Albertson's #2959 Pharmacy Albertson's #8003 Pharmacy Albertson's #8027 Pharmacy Community Health Center Pharmacy Costco Pharmacy #69 Deaconess Billings Clinic Pharmacy First Pharmacy Gibson Pharmacy #76 Juro's United Drugs #708 K Mart Pharmacy #4303 NCS Healthcare - Montana Osco Drug #5242 Pharmacy 1 Shopko Pharmacy #2106 Snyder Western Drug #5101 Snyder Western Drug #5102 Snyder Western Drug #5105 Snyder Western Drug #5109 Snyder Western Drug #5110 St. John's Pharmacy St. Vincent's Hospital Pharmacy Wal-Mart Pharmacy #10-1956 Wal-Mart Pharmacy #10-2923 Western Drug #10 Westpark Pharmacy Woodrows United Drugs #709
Bozeman	Albertson's #2006 Pharmacy Costco Pharmacy #96 Gibson Pharmacy #79 Highland Park Pharmacy K Mart Pharmacy #7027 Medical Arts Pharmacy MSU Student Health Service Pharmacy Osco Drug #5238 Price Rite Drug Safeway Pharmacy #0289 Smith's Pharmacy #163 Wal-Mart Pharmacy #10-2084 Western Drug #6

MAIL ORDER PHARMACIES

Express Pharmacy Services
1-888-347-5329
www.ehs.com

Ridgeway Pharmacy
1-800-630-3214
1-406-777-5425

CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	Driscoll Drug Horizon Pharmacy #16 K Mart Pharmacy #3749 Osco Drug #5252 Safeway Pharmacy #279 Smith's Pharmacy #164 Smith's Pharmacy #165 St. James Community Hospital Wal-Mart Pharmacy #10-1901
Chester	Liberty Drug Westhill Pharmacy
Chinook	Chinook United Drugs #743
Choteau	Choteau Drug Inc Teton Drug
Colstrip	Yellowstone Pharmacy
Columbia Falls	Fred Meyer - CF Glacier Drug
Columbus	Matovich IGA Discount Drug Snyder Western Drug #5106
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's #2033 Pharmacy Drug Mart
Deer Lodge	Keystone Drug Safeway Pharmacy #1158
Dillon	Mitchells Drug Safeway Pharmacy #0299
Ekalaka	Dahl Memorial Pharmacy

EHS NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Ennis	Ennis Pharmacy		Smith's Pharmacy #167 Wal-Mart Pharmacy #10-1872
Eureka	Haines Drug - Eureka	Jordan	Foster Jordan Drug Co
Fairfield	Barrett Drug	Kalispell	Albertson's #8108 Pharmacy Evergreen Pharmacy Fred Meyer - KA K Mart Pharmacy #7030 Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy #15 Shopko Pharmacy #2128 Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy #10-2259
Fairview	Mondak Pharmacy		
Florence	Florence Community Pharmacy	Lakeside	Lakeside Pharmacy
Forsyth	Yellowstone Pharmacy	Laurel	Gene's Pharmacy Prices Pharmacy Snyder Western Drug #5103
Fort Benton	Benton United Drugs #739		
Gardiner	Gardiner Drug	Lewistown	Albertson's #8109 Pharmacy Lewistown Pharmacy Pamida Pharmacy #264 Seiden Drug Co
Glasgow	Pamida Pharmacy #392 Western Drug of Glasgow	Libby	Center Drug Libby Drug Rosauers Pharmacy #14
Glendive	Albertson's #8023 Pharmacy F&G Pharmacy Gabert Clinic Pharmacy White Drug #26	Livingston	Albertson's #2042 Pharmacy Pamida Pharmacy #321 Western Drug #9 of Livingston
Great Falls	Albertson's #2035 Pharmacy Albertson's #8111 Pharmacy Anderson Family United Drugs Apothecary Convenience Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy #3094 Osco Drug #5244 Pharmerica Plaza United Drugs #737 Public United Drug Shopko Pharmacy #262 Smith's Pharmacy #166 Snyder Drugs Wal-Mart Pharmacy #2455	Lolo	Lolo Drug
Hamilton	Albertson's #2040 Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus	Malta	Daniels Health Mart Valley Drug Company
Hardin	Pharmcare Pharmacy Stevenson's IGA	Miles City	Albertson's #2039 Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy #10-2608
Harlowton	Two J's Pharmacy	Missoula	A & C Drug Albertson's #2010 Pharmacy Albertson's #8020 Pharmacy Albertson's #8113 Pharmacy Costco Pharmacy #67 East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy #3072 Missoula Clinic United Drug Osco Drug #5241 Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy #27 Safeway Pharmacy #0355 Safeway Pharmacy #1573 Savmor Drug
Havre	Albertson's #2031 Pharmacy K Mart Pharmacy #4814 Owl Prescription Pharmacy Western Drug #1		
Helena	Bergum South United Drugs #725 Gibson Pharmacy #78 K Mart Pharmacy #7029 Osco Drug #5222 Osco Drug #5224 Reynolds Drug Safeway Pharmacy #0875 Shopko Pharmacy #2112		

EHS NETWORK PHARMACIES: MANAGED CARE AREAS

[illegible]

MANAGED CARE AREAS

City	Zip Code	• City	Zip Code	• City	Zip Code	• City	Zip Code
	59106	• Greenough	59836	• Pryor	59066	• Busby	59016
	59107	• Greycliff	59033	• Rapelje	59067	• Butte	59702
	59108	• Hall	59837	• Ravalli	59863	•	59703
	59111	• Hamilton	59840	• Red Lodge	59068	•	59707
	59112	• Hardin	59034	• Reedpoint	59069	•	59750
	59114	• Hathaway	59333	• Roberts	59070	• Butte	59701
	59115	• Haugan	59842	• Rollins	59931	• Colstrip	59323
	59116	• Havre	59501	• Ronan	59864	• Crow Agency	59022
	59117	• Helena	59601	• Roscoe	59071	• Custer	59024
Bonner	59823	•	59602	• Rosebud	59347	• Decker	59025
Boulder	59632	•	59604	• Roundup	59072	• Deer Lodge	59722
Box Elder	59521	•	59620	•	59073	• Divide	59727
Boyd	59013	•	59623	• Saco	59261	• Drummond	59832
Bridger	59014	•	59624	• Saint Ignatius	59865	• Edgar	59026
Broadview	59015	•	59625	• Saint Regis	59866	• Elliston	59728
Brusett	59318	•	59626	• Saint Xavier	59075	• Fishtail	59028
Canyon Creek	59633	• Highwood	59450	• Saltese	59867	• Forsyth	59327
Carter	59420	• Hingham	59528	• Sanders	59076	• Fromberg	59029
Charlo	59824	• Hot Springs	59845	• Shepherd	59079	• Garrison	59731
Chinook	59523	• Huntley	59037	• Springdale	59082	• Garryowen	59031
Clancy	59634	• Huson	59846	• Stevensville	59870	• Gold Creek	59733
Clinton	59825	• Hysham	59038	• Sula	59871	• Hall	59837
Clyde Park	59018	• Jefferson City	59638	• Superior	59872	• Hardin	59034
Cohagen	59322	• Joliet	59041	• Thompson Falls	59873	• Harlowton	59036
Colstrip	59323	• Jordan	59337	• Victor	59875	• Hathaway	59333
Columbus	59019	• Kinsey	59338	• Whitewater	59544	• Huntley	59037
Condon	59826	• Kremlin	59532	• Winston	59647	• Hysham	59038
Conner	59827	• Laurel	59044	• Wolf Creek	59648	• Ingomar	59039
Corvallis	59828	• Lavina	59046	• Worden	59088	• Ismay	59336
Crow Agency	59022	• Livingston	59047	• Yellowtail	59035	• Joliet	59041
Cushman	59046	• Lloyd	59535	• Zurich	59547	• Judith Gap	59453
Custer	59024	• Lodge Grass	59050	•		• Kinsey	59338
Darby	59829	• Lolo	59847	•		• Lane Deer	59043
Dayton	59914	• Loma	59460	•		• Laurel	59044
De Borgia	59830	• Lonepine	59848	• PEAK HEALTH			
Deer Lodge	59722	• Loring	59537	• City	Zip Code	• Lodge Grass	59050
Dillon	59725	• Malta	59538	• Absarokee	59001	• Melrose	59743
Dixon	59831	• Marysville	59640	• Acton	59002	• Miles City	59301
Dodson	59524	• McLeod	59052	• Anaconda	59711	• Molt	59057
Drummond	59832	• Melville	59055	• Angela	59312	• Nye	59061
East Helena	59635	• Miles City	59301	• Ashland	59003	• Park City	59063
Edgar	59026	• Milltown	59851	• Avon	59713	• Philipsburg	59858
Elliston	59728	• Missoula	59801	• Ballantine	59006	• Pompeys Pillar	59064
Elmo	59915	•	59802	• Bearcreek	59007	• Pryor	59066
Emigrant	59027	•	59803	• Belfry	59008	• Ramsay	59748
Fishtail	59028	•	59804	• Bighorn	59010	• Rapelje	59067
Florence	59833	•	59806	• Billings	59101	• Red Lodge	59068
Floweree	59440	•	59807	•	59102	• Reedpoint	59069
Forsyth	59327	•	59808	•	59103	• Roberts	59070
Fort Harrison	59636	•	59812	•	59104	• Roscoe	59071
Frenchtown	59834	• Molt	59057	•	59105	• Rosebud	59347
Fromberg	59029	• Musselshell	59059	•	59106	• Ryegate	59074
Garrison	59731	• Nye	59061	•	59107	• Saint Xavier	59075
Garryowen	59031	• Pablo	59855	•	59108	• Sanders	59076
Gildford	59525	• Paradise	59856	•	59111	• Shawmut	59078
Glen	59732	• Park City	59063	•	59112	• Shepherd	59079
Gold Creek	59733	• Philipsburg	59858	•	59114	• Sumatra	59083
Grantsdale	59835	• Pinesdale	59841	•	59115	• Twodot	59085
Great Falls	59401	• Plains	59859	•	59116	• Volborg	59351
	59402	• Polaris	59746	•	59117	• Warm Springs	59756
	59403	• Polson	59860	•	59118	• Whitehall	59759
	59404	• Pompeys Pillar	59064	• Birney	59012	• Worden	59088
	59405	• Pray	59065	• Boyd	59013	• Wyola	59089
	59406	• Proctor	59929	• Bridger	59014	• Yellowtail	59035
		•		• Broadview	59015	•	

PARTICIPATING HOSPITALS

TRADITIONAL/BASIC PLANS

Preferred	20% Coinsurance
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Choteau	Teton Medical Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick's Hospital
Polson	St. Joseph Hospital
Ronan	St. Luke's Community Hospital
White Fish	North Valley Hospital
White Sulpher Springs	Mountain View Medical Center

Non-preferred	35% Coinsurance
Billings	Deaconess Billings Clinic
Missoula	Community Medical Center (Maternity Services - 25%)

All other	25% Coinsurance
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MANAGED CARE NETWORK

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
	St. Vincent's Healthcare Center
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Community Hospital
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Memorial Hospital
Ekalaka	Dahl Memorial Hospital
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Center
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick's Hospital

City	Hospital
Philipsburg	Granite County Memorial
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Poplar Community Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prarie Community Hospital
Townsend	Broadwater Health Center
White Sulpher Springs	Mountain View Memorial Hospital
Whitefish	North Valley Hospital
Wolfpoint	Trinity Hospital

NEW WEST HEALTH PLAN

City	Hospital
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Medical Center
	Deaconess Billings Clinic
	Deering Clinic
Chinook	Sweet Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Medical Center
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowtown	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Missoula	Community Medical Center
	Missoula Bone and Joint
	Rocky Mountain Eye Surgery Center
	Open MRI
	First Care Northgate
	First Care Florence
	First Care Central
	Missoula Sleep Medicine
	Montana Hart Angiolab
	Big Sky Surgery Center
Plains	Clark Fork Valley Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Musselshell County Medical Hospital
	Roundup Memorial Hospital
Superior	Mineral Community Hospital

PEAK HEALTH

City	Hospital
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Absarokee	Exley, Jack L.	Family Practice		Starr, Brian L.	Pediatrics
Anaconda	Baker, Shawna L.	Family Practice		Stevens, Richard C.	Pediatrics
	Mitchell, Michael J.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Reiter, William M.	Internal Medicine		Thompson, Frank R.	Family Practice
	Robison, Jill D.	Pediatrics		Wickstrom, Glenda C.	Internal Medicine
	Sawdey, Donald R.	Family Practice	Boulder	Burkholder, James N.	Family Practice
	Yates, Ati H.	Internal Medicine	Butte	Brown, James F.	Pediatrics
Arlee	Suzuki, Fumi L.	Family Practice		Chamberlain, David Paul	Internal Medicine
Bigfork	Busby, Tina M.	Family Practice		Ellis, William Bruce	Family Practice
	Jenko, Thomas G.	Family Practice		Gould, Stanley F.	OB & GYN
Billings	Anderson, Richard D.	Internal Medicine		Graham, Kenneth J.	Pediatrics
	Beijer, Kerstin A.	Family Practice		Hunt, Kenneth C.	Family Practice
	Bullman, Jon M.	Family Practice		Jacobson, John R.	Internal Medicine
	Busch, Byron J.	Internal Medicine		Konecny, Anthony M.	Family Practice
	Campbell, Bruce G.	Family Practice		Kronenberger, Brett N.	Internal Medicine
	Collett, Gordon C.	Pediatrics		LeFever, Michael E.	Family Practice
	Cook, Cheryl S.	Internal Medicine		Mathers, Daniel H.	Internal Medicine
	Dennis, Terry D.	Internal Medicine		McGree, Patrick J.	Family Practice
	Etchart, Leonard W.	Internal Medicine		Mosqueda, Erik N.	Pediatrics
	Ezell, Douglas T.	OB & GYN		Mulcaire-Jones, George	Family Practice
	Fahrenwald, Roxanne	Family Practice		Popovich, Keith J.	Internal Medicine
	Fishburn, Amy M.	Internal Medicine		Pullman, John	Internal Medicine
	Forseth, Hal W.	OB & GYN		Sager, Wayne L.	Pediatrics
	Gerbasi, Paolo F.	Family Practice		Salisbury, Dennis F.	Family Practice
	Gobin, Mark R.	Internal Medicine		Salisbury, Jessie J.	Pediatrics
	Grewell, Donald A.	Family Practice		Sessions, Lisa K.H.	Family Practice
	Gunville, Fred E.	Pediatrics		Shepherd, Susan M.	Pediatrics
	Hagan, Michael C.	Internal Medicine		Siddoway, Paul R.	Internal Medicine
	Hugelen, Julie A.	Family Practice		Taverna, Jacob M.	Internal Medicine
	James, Thomas R.	Family Practice		Wilson, Judith H.	Internal Medicine
	Johnson, David F.	Internal Medicine	Choteau	Shelton, Laura	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Vail, Ronald E.	Family Practice
	Johnson, Linda R.	Pediatrics	Columbia Falls	Carlson, Mary Ann	Pediatrics
	Johnson, Vernon N.	Family Practice		Miller, Joan M.	Family Practice
	Kelker, Paul A.	Pediatrics		Pitman, Douglas J.	Family Practice
	Kenamore, Claire L.	Pediatrics		Tremper, John H.	Family Practice
	Kent, Thomas F.	OB & GYN	Dillon	Thomas, Raymond L.	Family Practice
	Kobrine, Lori L.	Pediatrics	Eureka	Ionescu, Raluca M.	Internal Medicine
	Kummer, Marian E.	Pediatrics		Ionescu, Serban I.	Internal Medicine
	Lambert, Thomas J.	Internal Medicine		Stein, Edward P.	Family Practice
	Langohr, Janis I.	Pediatrics	Florence	Gomersall, Janice R.	Family Practice
	Levy, Craig A.	Internal Medicine		Vasquez, Ned F.	Family Practice
	Lewis, Allen T.	Pediatrics	Fort Benton	Buck, Mark K.	Family Practice
	Maheras, Joseph C.	Internal Medicine		Russell, Donald E.	Internal Medicine
	Malters, Edward C.	Internal Medicine	Great Falls	Addison, T Brice	Internal Medicine
	McClave, Charles R.	Internal Medicine		Asthalter, James H.	Family Practice
	Metzger, Michael E.	Internal Medicine		Avery, Susan H.	Family Practice
	Michels, Frank C.	Family Practice		Barker, Marci L.	Family Practice
	Nichols, Robert James	Family Practice		Bergman, Bradford A.	Internal Medicine
	Petersen, Susan J.	Family Practice		Braget, Daren J.	OB & GYN
	Sauer, John Patrick	Pediatrics		Buchanan, C. Mart	Internal Medicine
	Schiffert, Martin G.	Family Practice		Buffington, Gary A.	Internal Medicine
	Schnitzer, Brian M.	Family Practice			
	Shaub, Stephen R.	Family Practice			
	Sorensen, Neal B.	Internal Medicine			
	Standish, David D.	Pediatrics			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Burleigh, Peter L.	OB & GYN		McCroskey, Robert C.	Internal Medicine
	Chapman, Vicki L.	OB & GYN		Miller, Frank L.	OB & GYN
	Chrzanowski, Steven M.	Internal Medicine		Nolan, Michael D.	Family Practice
	Dolan, Paul G.	Internal Medicine		Richardson, Bruce W.	Family Practice
	Eck, Marci J.	OB & GYN			
	Engbrecht, David R.	Family Practice	Helena	Askin, Susan A.	Internal Medicine
	Friehling, Bonnie S.	Family Practice		Batey, William M.	Family Practice
	Garver, Michael K.	Pediatrics		Bower, Ryan T.	Family Practice
	Gerrity, Nora C.	Pediatrics		Cody, Karen E.	Family Practice
	Handwerk, Francis J.	OB & GYN		Corzine, Diana A.	Family Practice
	Harkness, James E.	Family Practice		Crichton, James W.	Family Practice
	Hinz, Jeffrey P.	Pediatrics		Dill, Tracy B.	Internal Medicine
	Houlihan, Gregory S.	Family Practice		Eodice, Diane M.	Family Practice
	Johnson, Marcus A.	Family Practice		Eodice, Paul A.	Family Practice
	Joyner, Donald R.	OB & GYN		Fernandez, William N.	Internal Medicine
	Krezowski, Phillip A.	Internal Medicine		Fritz, Blayne L.	Pediatrics
	Kuykendall, Julie L.	OB & GYN		Harrison, Virginia Lee	Internal Medicine
	Lenz, Tony J.	Internal Medicine		Hess, Phillip A.	Family Practice
	Mahan, John W.	Internal Medicine		Hesskamp, Daniel E.	Internal Medicine
	Marron, Colleen M.	Pediatrics		Hiesterman, Dwight R.	Internal Medicine
	Martin, Bryan E.	Internal Medicine		Howell, Sheri S.	Family Practice
	Matelich, Craig C.	Pediatrics		Hunter, Kristine A.	Internal Medicine
	Maynard, Bobby L.	Internal Medicine		Justad, Jean M.	Internal Medicine
	Maynard, Nancy J.	Pediatrics		Keefe, Erin M.	Pediatrics
	McClure, Robert J.	OB & GYN		Krainacker, David A.	Family Practice
	Messick-Laeven, Petra M.	Pediatrics		Kreisberg, Mark S.	Internal Medicine
	Miles, Mark R.	OB & GYN		Kubicka, Kurt T.	Family Practice
	Mills, Angela L.	Family Practice		Larson, Jay L.	Internal Medicine
	Roux, Timothy P.	Internal Medicine		Lechner, David W.	Family Practice
	Speer, Jerry W.	Family Practice		Maher, James J.	Family Practice
	Swift, Douglas E.	Internal Medicine		Malany, Andrew M.	OB & GYN
	Treptow, Craig L.	Family Practice		Marx, Shari K.	Internal Medicine
	Triehy, Thomas G.	Family Practice		McMahon Jr., Jack W.	OB & GYN
	Weill, Timothy C.	Family Practice		Mest, Stephen J.	Internal Medicine
	Wood, Julie A.	Family Practice		Ramirez, Jorge I.	Family Practice
	Yturri, James A.	Internal Medicine		Reynolds, John A.	Pediatrics
Hamilton	Ashcraft, Walker J.	Family Practice		Sanders, Kenton L.	Internal Medicine
	Borino, Teresa P.	Family Practice		Sargent, Richard P.	Family Practice
	Brouwer, Lawrence D.	Family Practice		Schoderbek, William E.	Internal Medicine
	Gillis, Harry G.	Pediatrics		Shepard, Robert M.	Family Practice
	Harder-Brouwer, Kathleen	Family Practice		Snider, William C.	Family Practice
	Heath, H. Brett	Family Practice		Souvenir, David B.	Internal Medicine
	Melia, Larry D.	Internal Medicine		Strekall, Michael S.	Family Practice
	Milch, Lisa J.	Internal Medicine		Strickler, Jeffrey H.	Pediatrics
	Moreland, John P.	Internal Medicine		Strizich, Thomas A.	Pediatrics
	Smith, Gary	Internal Medicine		Weitz, Brian C.	Family Practice
	Stewart, Randy L.	Family Practice		Wiley, Frank W.	Family Practice
Hardin	Billin, Aaron R.	Family Practice	Kalispell	Armstrong, Jr., James H.	Family Practice
	Greimann, Carolyn S.	Family Practice		Armstrong, SR., James H.	Family Practice
	Ostahowski, Gary A.	Family Practice		Bechard, Jason G.	Internal Medicine
	Whiting, Jr., Robert R.	Family Practice		Bechard, Jonathan G.	Internal Medicine
Harlowton	Maccart, John G.	Family Practice		Bukacek, Ann M.	Internal Medicine
	Wolf, Mary M.	Family Practice		Caughlan, Thomas V.	Internal Medicine
Havre	Henderson, Robert T.	Internal Medicine		Csaplar, Laura J.	Pediatrics
	Huffman, Phillip A.	Internal Medicine		Davis, Jack L.	Internal Medicine
	Kelley, James N.	Family Practice		Dixon, Charles L.	Family Practice
	Lien, Karen E.	Family Practice		Evans, Stephen S.	Internal Medicine
				Fleischer, Lisa Ann	Family Practice
				Gill, Christopher H.	Internal Medicine

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Habel, David C.	Internal Medicine		Hanson, Gregory S.	Family Practice
	Johnson, Marise K	Internal Medicine			
	Jonas, Kenneth L	Family Practice	Polson	Carte, Timothy W.	Pediatrics
	Kiley, James A.	Family Practice		Gorman, David E	Family Practice
	Lavin, John A.	OB & GYN		Irwin, R. Stephen	Family Practice
	Ludden, Charles B.	OB & GYN		Norum, Nora E.	Family Practice
	Martin, Irene R.	Family Practice		Panos, Craig J.	Family Practice
	Natelson, Richard M	OB & GYN		Stahl, Steve D	Family Practice
	Nelson, Douglas A.	Internal Medicine	Red Lodge	Cohen, Steven C	Family Practice
	Oehrtman, Pamela R.	Family Practice		Zavala, Jeffrey S.	Family Practice
	Palchak, Andrew E.	Family Practice			
	Sharp, Cindy K	Internal Medicine	Ronan	Bedell, Mikael Eugene	Family Practice
	Sherrick, Robert C.	Internal Medicine		Cullis, William C.	Family Practice
	Sorensen, Mark J.	Pediatrics		Dempsey, John Michael	Family Practice
	Swanberg, Louise E.	Internal Medicine		Drury, Megan B.	Family Practice
	Violett, Jodi L	Family Practice		Gochis, Paul D.	Family Practice
	Vranish, Loren S.	Family Practice		Jones, Heather	Family Practice
	Weber, Kyle C.	Family Practice		Stepanski, Suzanne M	Family Practice
	Wilder, Wallace S.	Pediatrics		Vizcarra, Ed T.	Family Practice
	Winkel, R. Dennis	Family Practice		Yoder, Steven M.	Family Practice
	Wise, Richard C.	Family Practice			
Laurel	Forseth, Lori A.	Family Practice	Roundup	Madi, Ahmed M	Internal Medicine
	McCrea, Kevin G	Family Practice		Subramanian, Sanjay	Internal Medicine
	Richardson, E. Lee	Family Practice			
	States, Patti A.	Family Practice	Saint Ignatius	Davis, Victor M.	General Practice
	Ulrich, Robert C	Family Practice			
	VanNice, Robert B.	Family Practice	Seeley Lake	Autio, Lar K.	Family Practice
				Nevin, Donald R.	Family Practice
Libby	Tai, Frederick W	Internal Medicine			
Miles City	Drivdahl-Smith, Christine	Family Practice	Stevensville	Baldrige, Teresa A.	Internal Medicine
	Gallo, Susan J.	Family Practice		Crews, Kirk Leroy	Family Practice
				Jones, Ellyn P.	Pediatrics
Missoula	Arnold, John E.	Pediatrics		Milan, Georgia A.	Family Practice
	Calderwood, Terence M.	Family Practice		Paul, Mark C.	Family Practice
	Caldwell, J. Michael	Internal Medicine		Pittenger, Leea M.	Family Practice
	Donovan, Janelle L.	Pediatrics		Randall, Thomas A.	Pediatrics
	Evans, Kathleen E	Family Practice		Reed, Frank M	Family Practice
	Gottman, Dirk R.	Pediatrics		Rudd, Jane P	Family Practice
	Gouaux, James E.	Internal Medicine	Thompson Falls	Lovell, Randy J.	Family Practice
	Hughson, H. Eric	Internal Medicine			
	Knapp, Joseph F.	Internal Medicine	White Sulphur Springs	Bullington, Ben P.	Internal Medicine
	Kress, Eric Jon	Family Practice		Steinberg, Marc P.	Pediatrics
	Langenderfer, Mary C.	Internal Medicine			
	Marks, Robert D.	Family Practice	Whitefish	Beach, D. Randall	OB & GYN
	McDonald, Judith D.	Family Practice		Charman, Charles S	Internal Medicine
	Murphy, Anne Marie	Internal Medicine		Daniell, Suzanne D	Internal Medicine
	Roberts, Thomas H.	Internal Medicine		Erickson, Jay S.	Family Practice
	Rogers, Kathleen S.	Pediatrics		Holdhusen, Christopher J.	Family Practice
	Seagraves, Stan H.	Internal Medicine		Kalbfleisch, John N.	Family Practice
	Selbach, Susan M.	Family Practice		Miller, Jon A.	Family Practice
	Sheehan, Kevin M	Internal Medicine		Miller, Ronald A.	Family Practice
	Szekely, Peter C.	Internal Medicine		Munzing, Daniel E.	Family Practice
	Visscher, Judith K.	Family Practice		Neff, Kathryn H.	Family Practice
	Walter, Gary F.	Internal Medicine		Ricker, Frank M.	Family Practice
	Yahn, Diane M.	Internal Medicine	Whitehall	Reiff, Terry D.	Family Practice
				Sacry, Gayle	Family Practice
Plains	Damschen, Rhonda Elaine	Family Practice	Worden	Stanley, Merrill Scott	Family Practice
	Drye, John N	Family Practice			
	French, Dean O	Family Practice			

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Big Sandy	Lanchbury	Forrest	MD		Uptergrove	Kevin	MD
					Weiss	Deric	MD
Big Timber	Healy	Ronald	MD		Wittnam	Charles	MD
	Jacquay	Paul	PAC	Boulder	Burkholder	James	MD
	Peden	Kirby	MD		Lagerquist	Lori	PA
	Walker	Wallace	MD		Lechner	David	MD
	Walton	Sarah	FNP		Sargent	Richard	MD
			Shepard		Robert	MD	
Billings	Argani	Faranak	MD	Butte	Burton	Susan	CNM
	Asbell	Susan	FNP		Gould	Stanley	MD
	Campbell	Bruce	MD	Chinook	Nemes	Joseph	MD
	Carr	F	MD		Colstrip	Craig	Jackson
	Castles	Shelly	MD	Ortiz		Jose	MD
	Center	Dean	MD	Pereles-Ortiz		Jeanne	MD
	Collett	Gordon	MD	Columbus	Beamer	Mark	MD
	Cruickshank	Sandra	NP		Kane	David	MD
	Duncan	Heidi	MD		Klee	Richard	MD
	Emery	Dale	MD	Culbertson	Abawi	Jaber	MD
	Fahrenwald	Roxanne	MD		Darby	Evans	Patricia
	Fullerton	Brian	MD	Deer Lodge		Martin	Wayne
	Gall	Daniel	MD		Oser	J	MD
	Gerstner	Steven	MD		Stinson	Kathy	MD
	Girolami	James	MD	Sullivan	Donald	PAC	
	Grewell	Donald	DO	Dillon	Blake	C	MD
	Guisti	Robert	FNP		Carrick	Patricia	FNP
	Gunville	Fred	MD		Grantham	Patricia	MD
	Guzman	Glenn	MD		Haight	Eugenie	MD
	Hall	Kathryn	PAC		Loge	Ronald	MD
	Hemmer, Jr.	Lawrence	MD		Mckee	Scott	MD
	Husby	Lucinda	MD		Thomas	Raymond	MD
	James	Thomas	MD	Weed	Karen	MD	
	Johnson	Julie	MD	Florence	Engberg	Lynn	FNP
	Johnson	Linda	MD		Milan	Georgia	MD
	Johnson	Vernon	MD	Forsyth	Anderson	William	MD
	Kale	Kari	MD		Crowley	Diane	MD
	Kelker	Paul	MD		Hopwood	Donald	MD
	Kelly	Alberta	MD	Great Falls	Hinshaw	James	MD
	Kenamore	Claire	MD		Harkness	James	DO
	Kennedy	Marie	PAC		Johnson	Marcus	MD
	King	J	MD		Johnson	Mike	MD
	Klee	Karen	MD		Kuykendall	Julie	MD
	Kummer	Marian	MD	Hamilton	Ashcraft	Walker	MD
	Langohr	Janis	MD		Borino	Teresa	MD
	Lewis	Allen	MD		Brouwer	Lawrence	MD
	Mccomb-Goins	Stacy	PAC		Favara	Blaise	MD
	Mitchell	Peter	MD		Forbes	Virginia	FNP
	Moore	Douglas	MD		Gillis	Harry	MD
	Neubauer	Laurie	PAC		Harder-Brouwer	Kathleen	MD
Rathe	Laura	MD	Heath		H	MD	
Regan	Dennis	MD					
Saberhagen	Eric	MD					
Sauer	J	MD					
Smith	Angela	PA					
Smith	Ronald	MD					
Standish	David	MD					
Starr	Brian	MD					
Stevens	Richard	MD					
Szabo	Laura	MD					
Tapia	Lionel	MD					
Thompson	Frank	MD					

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME	DEGREE	CITY	NAME	DEGREE
	Humphrey Maria	NP		Larson Jay	MD
	Laraway John	MD		Lechner David	MD
	Milch Lisa	MD		Malany Andrew	MD
	Moreland John	MD		Mcmahon John	MD
	Smith Gary	MD		Mest Stephen	MD
	Stewart Randy	MD		Ramirez Jorge	MD
	Wagner Alexis	FNP		Reynolds John	MD
	White Marshall	MD		Roope Beverly	FNP
Hardin	Billin Aaron	MD		Sanders Kenton	MD
	Caprata Kim	PA		Sargent Richard	MD
	Greimann Carolyn	MD		Seitz Tristan	MD
	Murter Melody	NP		Shepard Robert	MD
	Ostahowski Gary	MD		Smigaj Denise	NP
	Thorngren Frank	MD		Snider William	MD
	Whiting Robert	MD		Souvenir David	MD
Harlowton	Ham Tony	MD		Strekall Michael	MD
	Maccart John	MD		Strickler Jeffrey	MD
	Thompson Dwight	PA		Strizich Thomas	MD
	Wolf Mary	MD		Vanhorsen Jamie	FNP
Havre	Booth Thomas	DO		Wiley Frank	MD
	Henderson Robert	MD		Williams Carla	MD
	Huffman Philip	MD	Hot Springs	Shear Alan	PAC
	Kelley James	MD	Jordan	Muniak Daniel	PAC
	Lien Karen (Karrie)	MD	Lincoln	Barrey Roger	PA
	Mccroskey Robert	MD	Livingston	Baskett Lindsay	MD
	Miller Frank	MD		Flook Benjamin	MD
	Nolan Michael	MD		Loh Johnson	MD
	Pappas Mary	NP		Noteboom Dennis	MD
	Richardson Bruce	MD		Reid Genevieve	MD
	Ward Mark	DO		Rowe Thomas	MD
	Williams Aryls	NP		Scanson Peggy	FNP
Helena	Askin Susan	MD		Scofield Ted	MD
	Batey William	MD		Sewell Jeffrey	MD
	Bills-Kazimi Kay	PA	Malta	Armstrong Patrick	PA
	Bower Ryan	MD		Giblette Thad	NP
	Bristow Donna	FNP		Medina Edwin	MD
	Bryant Lynne	NP	Miles City	Alfarra Sherif	MD
	Burkholder James	MD		Amsden Jessica	PAC
	Cody Karen	MD		Davis Marilyn	PAC
	Corzine Diana	MD		Holland Randy	PAC
	Ditchey-Hellems Susan	CNM		Nass Omar	MD
	Fernandez William	MD		Reynolds Lourdes	MD
	Fritz Blayne	MD		Roshan Bijan	MD
	Gormely Dawn	NP		Shiotani Glenn	MD
	Groepper Julie	NP		Vadheim A	MD
	Harrison V	MD		Young James	MD
	Hay Michael	MD	Missoula	Allen Paula	PA
	Hess Philip	MD		Anderson Rebecca	MD
	Howell Sherif	MD		Baker Cheryl	MD
	Hunter Kristine	MD		Baskett Kathleen	MD
	Huntley Maria	MD		Baumgartner Thomas	MD
	Hutchison Mary	NP		Bridges Carol	MD
	Jordan David	MD		Burke Timothy	MD
	Justad Jean	MD		Carnegie Margaret	MD
	Keefe Erin	MD			
	Kolar Carol	CNM			

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
	Caruso	Kimberly	MD		Cullis	William	MD
	Combo	Daniel	MD		Drury	Megan	MD
	Cone	Clancy	MD		Jones	Heather	MD
	Davis	Carla	MD		Stepanski	Suzanne	DO
	Degrazio	Brenda	CNM		Vizcarra	Ed	MD
	Ferguson	J	MD		Yoder	Steven	MD
	Gerstle	Lawrence	MD				
	Gibson	Carla	APRN	Roundup	Harding	Dale	MD
	Graber	Shannon	MD		Madi	Ahmed	MD
	Harper	Daniel	MD		Subramanian	Sanjay	MD
	Harvey	Gary	MD				
	Hebl	Jeanne	CNM	St. Ignatius	Trudeau	Randy	PAC
	Howard	Raymond	DO				
	Hubbard	Duncan	MD	Stevensville	Baldrige	Teresa	MD
	Kornish	Gloria	PAC		Crews	Kirk	MD
	Kornish	Michael	MD		Jones	Ellyn	MD
	Laine	Ted	MD		Leugers	Camille	MD
	Marx	Laura	FNP		Paul	Mark	MD
	Mccoy	Craig	MD		Randall	Thomas	MD
	Mikesell	Bruce	MD		Reed	Frank	MD
	Montgomery	Lynn	MD		Rooley	Beverly	NP
	Nielsen	Killeen	APRN		Rudd	Jane	MD
	Opper	Mindy	PA		Turnbull	Teresa	NP
	Pitt	Jesse	MD				
	Priddy	Michael	MD	Superior	Chambers	Laurel	PAC
	Quick	Edward	MD		Jones	Terry	MD
	Rauch	Kristen	MD		Park	Yong	MD
	Ravitz	Eric	DO		Smith	Terry	DO
	Rosquist	Jennifer	MD				
	Schure	S	MD	Thompson Falls	Fiel	Janet	APRN
	Simmons	Sandra	MD		Lintz	Jan	PAC
	Smith	John	MD		Lovell	Randy	DO
	Smith	Stephen	MD				
	Thompson	Beth	MD	Whitehall	Reiff	Terry	DO
	Travis	Lee	MD		Sacry	Gayle	MD
	Wallace	Steven	MD				
	Westphal	David	MD				
	Whitney	Leslie	MD				
Noxon	French	Dean	MD				
	Johns-Kooy	Karin	PAC				
Plains	Damschen	Rhonda	MD				
	Drye	John	MD				
	Hanson	Gregory	MD				
	Nicoletto	Joseph	MD				
Polson	Ardiana	Gina	FNP				
	Gochis	Paul	MD				
	Gorman	David	MD				
	Palmieri	Steven	DO				
	Panos	Craig	MD				
	Smith	Michelle	MD				
Red Lodge	George	William	MD				
	Hauxwell	Clint	MD				
	Mohl	Virginia	MD				
Ronan	Bahnmler	Daniel	DO				
	Bedell	Mikael	MD				

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Absarokee	Cruickshank	Sandra	Family Practice	:	Lindley	Jeff	Family Practice
	Exley	Jack	Family Practice		Loge	Patricia	Family Practice
	Loge	Patricia	Family Practice		Maheras	Joseph	Internal Medicine
	Ragar	Todd	Family Practice		Malters	Edward	Internal Medicine
	Smith	Kelly	Family Practice		McClave	Charles	Internal Medicine
	Spuhler	Sheri	Family Practice		McDonough	Catherine	Family Practice
Anaconda	Robison	Jill	Pediatrics		McNew	Laurie	Internal Medicine
					Mehia	Denise	Internal Medicine
Ashland	Billin	Aaron	Family Practice		Metzger	Michael	Internal Medicine
	Caprata	Kimberly	Family Practice		Michels	Frank	Family Practice
	Greimann	Carolyn	Family Practice		Molloy	Daniel	OB & GYN
	Murter	Melody	Family Practice		Moore	Douglas	Family Practice
	Ostahowski	Gary	Family Practice		Nagy	Dianne	OB & GYN
Billings	Anderson	Richard	Internal Medicine		Neuhoff	Douglas	OB & GYN
	Bailey	Ieva	OB & GYN		Nichols	Robert	Family Practice
	Beijer	Kerstin	Family Practice		Pestle	Rebecca	Internal Medicine
	Bullman	Jon	Family Practice		Petersen	Susan	Family Practice
	Busch	Byron	Internal Medicine		Petrozzo	Joseph	Family Practice
	Campbell	Bruce	Family Practice		Plummer	L. Eugene	Family Practice
	Cassel	Carolyn	Internal Medicine		Quinn	Christine	Family Practice
	Chavez	David	Pediatrics		Ragar	Todd	Family Practice
	Chisdak	Jami	OB & GYN		Roane	Douglas	Internal Medicine
	Cobb	Patrick	Internal Medicine		Schiffert	Martin	Family Practice
	Collett	Gordon	Pediatrics		Schnitzer	Brian	Family Practice
	Cook	Cheryl	Internal Medicine	Shaub	Stephen	Family Practice	
	Cruickshank	Sandra	Family Practice	Smith	Angela	Family Practice	
	Dennis	Terry	Internal Medicine	Smith	Kelly	Family Practice	
	Dietrich	Janet	OB & GYN	Sorensen	Neal	Internal Medicine	
	Egan	Colleen	Family Practice	Standish	David	Pediatrics	
	Emery	Danielle	OB & GYN	Stevens	Richard	Pediatrics	
	Etchart	Leonard	Internal Medicine	Tapia	Lionel	Pediatrics	
	Ezell	Douglas	OB & GYN	Thompson	Frank	Family Practice	
	Fahrenwald	Roxanne	Family Practice	Thuesen	Vicki	Family Practice	
	Fishburn	Amy	Internal Medicine	Troupe	Daniel	Family Practice	
	Forseth	Hal	OB & GYN	Wagner	Sarah	Family Practice	
	Furr	Pamela	OB & GYN	Wickstrom	Glenda	Internal Medicine	
	Gerbasi	Paolo	Family Practice	Widenoja	Pat	Family Practice	
	Gilmore	Brenda	Family Practice	Willkom	Brenda	OB & GYN	
	Giusti	Robert	Family Practice	Zinser	Michael	Family Practice	
	Gobin	Mark	Internal Medicine	Bridger	Loge	Patricia	Family Practice
	Hagan	Michael	Internal Medicine		Malinowski	Sheryl	Family Practice
	Hall	Kathryn	Family Practice		Ragar	Todd	Family Practice
	Harris	Vanona	Family Practice	Butte	Smith	Kelly	Family Practice
	Hart	Nadine	Family Practice		Brown	James	Pediatrics
	Hugelen	Julie	Family Practice		Burton	Susan	OB & GYN
	James	Thomas	Family Practice		Carrick	Patricia	Family Practice
	Johnson	David	Internal Medicine		Chamberlain	David	Internal Medicine
	Johnson	Jeffrey	Internal Medicine		Community Health Center		Clinic
	Johnson	Vernon	Family Practice		Cortese	Florian	Internal Medicine & Gastroenterology
	Jozwiak	Mary	Internal Medicine		Gould	Stanley	OB & GYN
	Kadri	Abdulmajeed	Internal Medicine		Graham	Kenneth	Pediatrics
	Kadri	Kathie	Internal Medicine		Healy	Shari	Family Practice
	Kent	Thomas	OB & GYN		Henke	Paul	OB & GYN
	Kummer	Marian	Pediatrics		Hunt	Kenneth	Family Practice
	Lambert	Thomas	Internal Medicine		Jenrich	Mianne	OB & GYN
	Langohr	Janis	Pediatrics		Kronenberger	Brett	Internal Medicine
	Levy	Craig	Internal Medicine		LeFever	Michael	Family Practice
	Lewis	Allen	Pediatrics				

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	McGree Patrick	Family Practice		VanNice Robert	Family Practice
	Mercury Street Medical Group	Clinic		VanNice Robert	OB & GYN
	Mosqueda Eric	Pediatrics			
	Mulcaire-Jones George	Family Practice	Miles City	Drivdahl-Smith Christine	Family Practice
	Munro Leslie	Geriatrics		Erickson Kara	Family Practice
	O'Brien Al	Family Practice		Gallo Susan	Family Practice
	Popovich Keith	Internal Medicine & Pulmonary Medicine		Gwin Cathie	Family Practice
				King Charles	OB & GYN
	Pullman John	Internal Medicine & Critical Care & Infectious Disease		Osmun Cathie	OB & GYN
				Pezzarossi Patricia	Pediatrics
	Rocky Mountain Clinic	Clinic		Rauh J. Randall	OB & GYN
	Russel Kathy	Family Practice		Reynolds Lourdes	Pediatrics
	Sager Wayne	Pediatrics		Riley Mary	Family Practice
	Salisbury Dennis	Family Practice		Smisson David	Internal Medicine
	Salisbury Jessie	Pediatrics		Young James	Pediatrics
	Sessions Lisa	Family Practice	Red Lodge	Cruickshank Sandra	Family Practice
	Sessions Lisa	Obstetrics		Loge Patricia	Family Practice
	Shepherd Susan	Pediatrics		Ragar Todd	Family Practice
	Siddoway Paul	Internal Medicine & Cardiology		Smith Kelly	Family Practice
				Zavala Jeffrey	Family Practice
	Takach George	Family Practice	Worden	Cruickshank Sandra	Family Practice
	Wilson Judy	Internal Medicine		Hart Nadine	Family Practice
Deer Lodge	Bertoglio Francis	Family Practice		Loge Patricia	Family Practice
	Deer Lodge Clinic	Clinic		Pestle Rebecca	Internal Medicine
	Martin Wayne	Family Practice		Ragar Todd	Family Practice
	Oser J. Barry	Family Practice			
	Stinson Kathy	Family Practice			
	Sullivan Don	Family Practice			
Hardin	Billin Aaron	Family Practice			
	Caprata Kimberly	Family Practice			
	Cruickshank Sandra	Family Practice			
	Greimann Carolyn	Family Practice			
	Helwick Lillian	Family Practice			
	Loge Patricia	Family Practice			
	Murter Melody	Family Practice			
	Ostahowski Gary	Family Practice			
	Persons June	Family Practice			
	Ragar Todd	Family Practice			
	Ralicke Eileen	Family Practice			
	Smith Kelly	Family Practice			
	Troyer Lin	Family Practice			
	Whiting Robert	Family Practice			
Harlowton	Ham Tony	Family Practice			
	MacCart John	Family Practice			
	Ragar Todd	Family Practice			
	Thompson Dwight	Family Practice			
	Wolf Mary	Family Practice			
Laurel	Cruickshank Sandra	Family Practice			
	Forseth Lori	Family Practice			
	Loge Patricia	Family Practice			
	McCrea Kevin	Family Practice			
	Ragar Todd	Family Practice			
	Richardson E. Lee	Family Practice			
	Smith Kelly	Family Practice			
	States Patti	Family Practice			
	Ulrich Robert	Family Practice			